

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Frank Moss 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

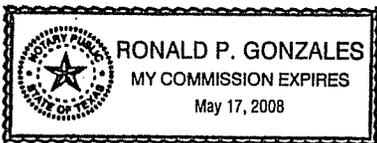
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 12,230.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ---
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2,270.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,994.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,241.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Franklin D. Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin D. Moss, this the 15 day of January, 20 08, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Ronald P. Gonzales Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B: 11/6

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date <u>5/4/2007</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Gerald Alley</u>	8 Amount of pledge (\$) <u>1,000.00</u>	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code <u>1900 Ballpark Way, Suite 110 Arlington, Texas 76012</u>	(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date <u>5/7/2007</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Adolphus + Winston Chadwick</u>	Amount of pledge (\$) <u>150.00</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>1219 Springbrook Circle Desoto, Texas 75115</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <u>5/7/2007</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Hammer + Nails Political Action Committee</u>	Amount of pledge (\$) <u>500.00</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>6464 Brentwood stair Road, Suite 100 Fort Worth, Texas 76112</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <u>5/7/2007</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Alice M. Hardgraves</u>	Amount of pledge (\$) <u>100.00</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>3908 Bonita Springs Dr. Fort Worth, Texas 76123</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <u>5/7/2007</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jefferson Davis, Jr.</u>	Amount of pledge (\$) <u>50.00</u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>4528 Moorview Fort Worth, Texas 76119</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2/6

2 FILER NAME

Frank MOSS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →

\$

5 Date 5/7/2008	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Elijah Ragira	8 Amount of pledge (\$) 500.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 1800 East Roberts Fort Worth, Texas 76104		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date 5/11/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Louis Sturns	Amount of pledge (\$) 100.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 5601 Bridge Street, Suite 300 Fort Worth, Texas 76112		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 5/19/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Robert T. Terre II/CH 2M Hill Texas	Amount of pledge (\$) 250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 309 West 7th Street, Suite 1020 Fort Worth, Texas 76102		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 5/14/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Fort Worth Police Officers Assn.	Amount of pledge (\$) 1,250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 904 Collier Fort Worth, Texas 76102		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 5/14/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Karl Komatsu	Amount of pledge (\$) 500.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 3905 Lenox Drive Fort Worth, Texas 76107		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

3/6

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date 5/17/2007	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Toal	8 Amount of pledge (\$) 500.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 341 Nursery Lane Fort Worth, Texas 76114-4336		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date 5/23/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernell STURNS	Amount of pledge (\$) 200.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 612 Highwoods Tr. Fort Worth, Texas 76112		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 10/25/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Association of Realtors	Amount of pledge (\$) 2500.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2650 Parkview Drive Fort Worth, Texas 76102		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 6/7/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speed PAC	Amount of pledge (\$) 250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 500 Main Street, Suite 600 Fort Worth, Texas 76102		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 6/7/2007	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groover Weaver	Amount of pledge (\$) 500.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code Miller Ave Fort Worth, Texas 76119		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

4/6

2 FILER NAME

Fank Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6/19/2007

6 Full name of pledgor out-of-state PAC (ID#: _____)

Waste Management PAC

7 Pledgor address; City; State; Zip Code

701 Pennsylvania Ave. N.W., Suite 590
Washington, D.C. 20004

8 Amount of pledge (\$)

250.00

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

6/6/2007

Full name of pledgor out-of-state PAC (ID#: _____)

Mr. + Mrs. John U. Roach II

Pledgor address; City; State; Zip Code

2805 ALTON Road
Fort Worth, Texas 76109

Amount of pledge (\$)

200.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/2007

Full name of pledgor out-of-state PAC (ID#: _____)

Dr. D. J. Jennings + Gwen Barber

Pledgor address; City; State; Zip Code

4551 Packwood Drive
Fort Worth, Texas 76140

Amount of pledge (\$)

50.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of pledgor out-of-state PAC (ID#: _____)

Anthony Johnson

Pledgor address; City; State; Zip Code

8909 Raquet Club Dr.
Fort Worth, Texas 76120

Amount of pledge (\$)

30.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of pledgor out-of-state PAC (ID#: _____)

James Austin, Jr.

Pledgor address; City; State; Zip Code

2017 Teakwood Terr.
Fort Worth, Texas 76112

Amount of pledge (\$)

100.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/6

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/7/2007

5 Full name of contributor out-of-state PAC (ID#: _____)

Linda S. Patterson

6 Contributor address; City; State; Zip Code

4514 COLT Dr.
Arlington, Texas 76017

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Michael R. & Rita R. Utt

Contributor address; City; State; Zip Code

2901 6th Ave.
Fort Worth, Texas 76110

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Karmen Johnson

Contributor address; City; State; Zip Code

2601 Scott Ave, Ste. 109
Fort Worth, Texas 76103

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

James Scheil

Contributor address; City; State; Zip Code

901 Fort Worth Club Building
Fort Worth, Texas 76102

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Larry D. & Shari Shaw

Contributor address; City; State; Zip Code

3903 Kingsferry Ct
Arlington, Texas 76016

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6/6

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/7/2007

5 Full name of contributor out-of-state PAC (ID#: _____)

Vendigm, LLC
Contributor address; City; State; Zip Code
5601 Bridge St., Ste 300
Fort Worth, Texas 76112

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Jackie O Bewley
Contributor address; City; State; Zip Code
2200 Riverside Dr.
Fort Worth, Texas

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Exelon PAC
Contributor address; City; State; Zip Code
PO Box 805379
Chicago, Ill 60680-5379

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2007

Full name of contributor out-of-state PAC (ID#: _____)

Lawrence B. Dole
Contributor address; City; State; Zip Code
2125 San Jacinto St, Suite

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/2007

Full name of contributor out-of-state PAC (ID#: _____)

Perdue, Brackett, Flores, Witt, Burns
Contributor address; City; State; Zip Code
307 West 7th Street # 1223
Fort Worth, Texas 76102-5110

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1/1

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

5/8/2007

7 Name of lender

Franklin D Moss

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,000.00

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

5625 Eisenhower Dr.

Fort Worth, Texas 76112

10 Interest rate

—

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

NA

18 Amount Guaranteed (\$)

NA

not applicable

17 Guarantor address; City; State; Zip Code

NA

19 Principal Occupation

NA

20 Employer

NA

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1/16

2 FILER NAME

FRANK MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

May 7, 2007

5 Payee name

Enterprise Rent-A-car

7 Amount (\$)

570.00

6 Payee address; City; State; Zip Code

1418 Milan
Fort Worth, Texas 76112

8 Purpose of payment (See instructions regarding type of information required.)

Auto Rental for Campaign workers

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Bank of America

Payee address; City; State; Zip Code

EAST LANCASTER
FORT WORTH, TEXAS 76112

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

General Campaign expenses

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Sam's Club

Payee address; City; State; Zip Code

8351 Anderson Blvd.
Fort Worth, Texas

Amount (\$)

95.18

Purpose of payment (See instructions regarding type of information required.)

Supplies for phone bank.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/4/2007

Payee name

Kwik Kopy

Payee address; City; State; Zip Code

1850 Handley Dr.
Fort Worth, Texas 76112

Amount (\$)

311.59

Purpose of payment (See instructions regarding type of information required.)

Printing

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/7/2007

5 Payee name

US Post master

6 Payee address; City; State; Zip Code

mecham post office
Fort Worth, Texas

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Michelle Reynolds

Payee address; City; State; Zip Code

1700 Wind Star way
Fort Worth, Texas 76108

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Dorothy Cary

Payee address; City; State; Zip Code

4133 Burk Rd
Fort Worth, Texas 76119

Amount (\$)

160.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Mary Turner

Payee address; City; State; Zip Code

812 Judd
Fort Worth, Texas 76104

Amount (\$)

160.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3/16

2 FILER NAME

Frank MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/7/2007

5 Payee name

Louis Hunt

7 Amount (\$)

160.00

6 Payee address; City; State; Zip Code

2222 Ridgeview Dr.
Fort Worth, Texas 76119

8 Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Mary Davidson

Amount (\$)

200.00

Payee address; City; State; Zip Code

6901 Windward way
Fort Worth, Texas 76140

Purpose of payment (See instructions regarding type of information required.)

Phone Bank

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/7/2007

Payee name

Lavida News Pader

Amount (\$)

150.00

Payee address; City; State; Zip Code

3603 A West Pioneer Parkway
Arlington, Texas 76013

Purpose of payment (See instructions regarding type of information required.)

Ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/8/2007

Payee name

Kwik Kopy

Amount (\$)

759.40

Payee address; City; State; Zip Code

1850 Handley Dr.
Fort Worth, Texas 76112

Purpose of payment (See instructions regarding type of information required.)

Printing

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4/16

2 FILER NAME

FRANK MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/8/2007

5 Payee name

U.S. Post Master

6 Payee address; City; State; Zip Code

Mecham Post Office
Fort Worth, Texas

7

Amount (\$)

690.00

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/10/2007

Payee name

CIVIC Strategies

Payee address; City; State; Zip Code

1201 West Park Row Dr.
Fort Worth, TX Arlington, Texas 76013

Amount (\$)

604.00

Purpose of payment (See instructions regarding type of information required.)

mailing labels

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/11/2007

Payee name

Meadowbrook News

Payee address; City; State; Zip Code

P.O. Box 24267
Fort Worth, Texas 76124

Amount (\$)

195.00

Purpose of payment (See instructions regarding type of information required.)

Ad.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/11/2007

Payee name

Michelle Reynolds

Payee address; City; State; Zip Code

1700 Wind Star Way
Fort Worth, Texas 76108

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5/16

2 FILER NAME

FRANK MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Michelle Reynolds

7 Amount (\$)

6 Payee address; City; State; Zip Code

1700 Wind Star Way
Fort Worth, Texas 76108

50.00

8 Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

~~5/11/2007~~

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Sam's Club
8351 Anderson Blvd
Fort Worth, Texas

5/11/2007

56.31

Purpose of payment (See instructions regarding type of information required.)

Election Day Food + Supplies

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Franklin D. Moss
5625 Eisenhower Drive
Fort Worth, Texas 76112

5/12/2007

100.00

Purpose of payment (See instructions regarding type of information required.)

GAS for Election Day

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

6/16

2 FILER NAME

FRANK MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/12/2007

5 Payee name

Mary Davidson

6 Payee address; City; State; Zip Code

6901 Windward Way
Fort Worth, Texas 76140

7 Amount (\$)

290.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/12/2007

Payee name

Mary Turner

Payee address; City; State; Zip Code

812 Judd
Fort Worth, Texas 76104

Amount (\$)

232.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/12/2007

Payee name

Louis Hunt

Payee address; City; State; Zip Code

2220 Ridgeview Dr
Fort Worth, Texas 76119

Amount (\$)

232.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/12/2007

Payee name

Dorothy Cary

Payee address; City; State; Zip Code

4133 Burke Rd
Fort Worth, Texas 76119

Amount (\$)

232.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

7/16

2 FILER NAME

Frank MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/12/2007

5 Payee name

Faye Henderson

6 Payee address; City; State; Zip Code

915 E. Harry
Port Worth, Texas 76104

7 Amount (\$)

232.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone Bank

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/14/2007

Payee name

Home Depot

Payee address; City; State; Zip Code

1151 Bridge wood DR.
Port Worth, Texas 76112

Amount (\$)

53.58

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/14/2007

Payee name

Earline Miles

Payee address; City; State; Zip Code

1908 Edge wood Terrace
Port Worth, Texas 76105

Amount (\$)

125.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/16/2007

Payee name

De Juan Adams

Payee address; City; State; Zip Code

3800 Link meadow Dr.
Aledo, Texas 76008

Amount (\$)

800.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Graphic work/Design

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

8/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/17/2007

5 Payee name

U.S. POST MASTER

6 Payee address; City; State; Zip Code

E. Rosebale
Fort Worth, Texas 76105

7 Amount (\$)

82.00

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/17/2007

Payee name

Earline MILES

Payee address; City; State; Zip Code

1908 Edgewood Terrace
Fort Worth, Texas 76104

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/18/2007

Payee name

Michelle Reynolds

Payee address; City; State; Zip Code

1700 Wind Star Way
Fort Worth, Texas 76108

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/23/2007

Payee name

EAST FORT WORTH BUSINESS ASSN.

Payee address; City; State; Zip Code

P.O. Box 8861
Fort Worth, Texas 76124

Amount (\$)

75.00

Purpose of payment (See instructions regarding type of information required.)

membership

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

9/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/11/2007

5 Payee name

A+T

6 Payee address; City; State; Zip Code

7 Amount (\$)

144.37

8 Purpose of payment (See instructions regarding type of information required.)

Telephone

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/14/2007

Payee name

Prince Hall Grand Lodge

Payee address; City; State; Zip Code

Amount (\$)

135.00

Purpose of payment (See instructions regarding type of information required.)

Workshop

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/16/2007

Payee name

Bank of America

Payee address; City; State; Zip Code

E. Lancaster

Fort Worth, Texas 76112

Amount (\$)

159.19

Purpose of payment (See instructions regarding type of information required.)

Bank analysis fee

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/21/2007

Payee name

Amazon All Pan

Payee address; City; State; Zip Code

East Rose Dale

Fort Worth, Texas 76112

Amount (\$)

50.31

Purpose of payment (See instructions regarding type of information required.)

GAS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

10/16

2 FILER NAME

FRANK MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/2007

5 Payee name

Macaroni Grill

7 Amount (\$)

155.55

6 Payee address; City; State; Zip Code

University Drive
Fort Worth, Texas

8 Purpose of payment (See instructions regarding type of information required.)

Worker Luncheon

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/21/2007

Payee name

Lavida News Paper

Amount (\$)

180.00

Payee address; City; State; Zip Code

3603 A- West Pioneer Parkway
Arlington Texas 76013

Purpose of payment (See instructions regarding type of information required.)

Ad

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/21/2007

Payee name

U.S. Post Master

Amount (\$)

164.00

Payee address; City; State; Zip Code

meacham Post Office
Fort Worth, Texas

Purpose of payment (See instructions regarding type of information required.)

Postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/21/2007

Payee name

Kwik Kopy

Amount (\$)

73.22

Payee address; City; State; Zip Code

1850 Handley Dr.
Fort Worth, Texas 76112

Purpose of payment (See instructions regarding type of information required.)

Printing

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 11/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24/2007

5 Payee name

Sam's Club

7 Amount (\$)

53.93

6 Payee address; City; State; Zip Code

8351 Anderson Blvd
Fort Worth, Texas

8 Purpose of payment (See instructions regarding type of information required.)

General Supplies

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/28/2007

Payee name

Ebenezer Baptist Church

Amount (\$)

50.00

Payee address; City; State; Zip Code

1901 Amanda St.
Fort Worth, Texas

Purpose of payment (See instructions regarding type of information required.)

Ad.

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/29/2007

Payee name

Sam's Club

Amount (\$)

121.73

Payee address; City; State; Zip Code

8351 Anderson Blvd
Fort Worth, Texas

Purpose of payment (See instructions regarding type of information required.)

Supplies & Food for picnic

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/30/2007

Payee name

Taylor Rental

Amount (\$)

130.00

Payee address; City; State; Zip Code

P.O. Box 470764
Fort Worth, Texas 76147

Purpose of payment (See instructions regarding type of information required.)

Tables & chairs for picnic

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *12/16*

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/2007

5 Payee name

Simantis, Inc.

6 Payee address; City; State; Zip Code

*7514 Pebble Dr
Fort Worth, Texas 76118*

7 Amount (\$)

625.00

8 Purpose of payment (See instructions regarding type of information required.)

Food For Pic Nic

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

7/10/2007

Payee name

NAACP NATIONAL OFFICE

Payee address; City; State; Zip Code

Amount (\$)

125.00

Purpose of payment (See instructions regarding type of information required.)

Registration For Convention

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

9/14/2007

Payee name

..... Kwik Copy
Payee address; City; State; Zip Code

*1805 Handley Dr.
Fort Worth, Texas 76112*

Amount (\$)

69.97

Purpose of payment (See instructions regarding type of information required.)

Printing

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

9/15/2005

Payee name

Donbar All Class Reunion

Payee address; City; State; Zip Code

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Registration

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

13/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2/2007

5 Payee name

Handley Development Corp

6 Payee address; City; State; Zip Code

Handley DR.
Fort Worth, Texas 76112

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Ad

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/5/2007

Payee name

NAACP Fort Worth Tarrant County

Payee address; City; State; Zip Code

1063 Evans Ave.
Fort Worth, Texas 76104

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/10/2007

Payee name

Office Furniture

Payee address; City; State; Zip Code

200 West Rosedale
Fort Worth, Texas 76104

Amount (\$)

269.54

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/11/2007

Payee name

Worth Hill Baptist Church

Payee address; City; State; Zip Code

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Buffet Tickets

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 14/16

2 FILER NAME
Frank Mass

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/17/2007

5 Payee name
Campaign System
6 Payee address; City; State; Zip Code
300 Sewell CT
Irving, Texas

7 Amount (\$)
109.00

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Labels
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/21/2007

Payee name
Alpha Kappa Alpha Society
Payee address; City; State; Zip Code

Amount (\$)
125.00

Purpose of payment (See instructions regarding type of information required.)
Ad.
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/25/2007

Payee name
NAAAP Fort Worth/Tarrant County
Payee address; City; State; Zip Code
1063 Evans Ave.
Fort Worth, Texas

Amount (\$)
500.00

Purpose of payment (See instructions regarding type of information required.)
Table for Banquet
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/27/07

Payee name
Sergo DeLeon Campaign
Payee address; City; State; Zip Code

Amount (\$)
50.00

Purpose of payment (See instructions regarding type of information required.)
Donation to Campaign
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
15/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/2008

5 Payee name

Wendy Davis Campaign
6 Payee address; City; State; Zip Code

7 Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Donation
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/26/2008

Payee name

Joel Burns Campaign
Payee address; City; State; Zip Code

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/26/2007

Payee name

East Fort Worth Business Assn
Payee address; City; State; Zip Code
PO Box 8861
Fort Worth, Texas 76124

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

Banquet tickets
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/14/2007

Payee name

F.RANK MOSS
Payee address; City; State; Zip Code

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Travel Advance NLG meeting
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

16/16

2 FILER NAME

Frank Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22/2007

5 Payee name

Fry's Electronics

6 Payee address; City; State; Zip Code

102 EAST I 20
Arlington, Texas 76018

7 Amount (\$)

948.19

8 Purpose of payment (See instructions regarding type of information required.)

Computer equipment

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/8/2007

Payee name

Taste Buds - 1

Payee address; City; State; Zip Code

McCort
Fort Worth Texas

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Town Hall meeting - refreshments

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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